



Friday, August 23, 2002

Dear Early Care and Education Professional,

Don't miss this incredible opportunity to earn an extra \$500 to \$2,000!

The **Calaveras Compensation And Retention Encourage Stability (Calaveras CARES Program)**, funded by AB212, is a key part of the State of California's plan to improve the lives of young children. Calaveras CARES offers a chance for Early Care and Education Professionals such as yourself, to work to **improve the profession and earn annual stipends**.

What you should know about the CARES Program:

- The goal of Calaveras CARES is to support the child care profession's most important resource: dedicated and skilled Early Care and Education Professionals like you.
- If you are eligible to join you will receive a stipend of \$500 to \$2,000 depending on your level of education and experience.
- **All applicants who qualify and successfully complete the application process will receive a stipend!** Actual stipend amounts may vary based on the number of applicants and funding availability.

Calaveras CARES members can earn annual stipends. Even if you do not meet the stipend qualifications this year, be sure to fill out the application and return it to us. We will put you on a contact list and let you know about training and educational opportunities in your area. **If you have any questions, please call Larissa Collins at 209-754-1470.**

FIRST 5 CALAVERAS

Calaveras County Children and Families Commission

P.O. Box 209 • 314 East Saint Charles Street, Suite #3 • San Andreas, CA 95249

Phone: 209-754-1470 • Fax: 209-754-1425 • Email: First5@sonnet.com

Website <http://www.ccfc.ca.gov/calaveras>

This application is for:
State-Subsidized Extended Day Center Staff & Program Directors
Calaveras CARES Year 2003 Stipend Application

You qualify and can apply for a first year stipend if:

- You have completed (by June 15, 2003) a minimum of 6 semester units in Early Childhood Education or Child Development; and
- You have worked at the same program for a minimum of 15 hours a week and for a minimum of 9 full months between July 1, 2002 and June 15, 2003; and
- You work as an early care and education professional in a program in Calaveras County and work **directly** with at least three children age birth to thirteen enrolled in the program for a minimum of 15 hours a week; or
- You work as an early care and education professional as a Program Director in Calaveras County with at least three children age birth to five enrolled in the program for a minimum of 15 hours a week.

You qualify and can re-apply for a second year stipend if:

- You have or have applied for (by June 15, 2003) a Child Development Permit; and
- You have completed (by June 15, 2003) an *additional* 3 semester units in Early Childhood Education or Child Development or have completed 21 Professional Growth Hours; and
- You have worked at the same program for a minimum of 15 hours a week and for a minimum of 9 full months between July 1, 2002 and June 15, 2003; and
- You work as an early care and education professional in a program in Calaveras County and work **directly** with at least three children age birth to thirteen enrolled in the program for a minimum of 15 hours a week; or
- You work as an early care and education professional as a Program Director in Calaveras County with at least three children age birth to five enrolled in the program for a minimum of 15 hours a week.

You need to contact the FIRST 5 CALAVERAS office for a different application if you are:

- A Family Child Care Home Licensee / Staff person or you work in a non-subsidized child care center.

Please note:

- Participation in the Child Development Corps is mandatory (you must attend at least 2 meetings).
- Stipend checks will not be issued until late June, 2003.
- All Child Development Corps members who receive stipends must declare the stipend amounts on their 2003 income tax return.

Application Instructions

1. Please type or print in ink all information on the application legibly. Incomplete or illegible applications will not be accepted.
2. Make sure that you have the correct application. Contact the FIRST 5 CALAVERAS office if you need assistance or go to an application assistance meeting in your area (see page iii) to complete this application.
3. You must complete all the information in Sections 1 and 2 of the application.
4. Your Program Director must complete all the information in Section 3A.
5. If you are a Program Director and are applying for a stipend, skip Section 3A and complete Section 3B.
6. If you do not have a Child Development Permit, you must complete Section 3C.
7. **Request a sealed, original copy of your college transcripts right away. Attach the sealed, unopened, original copy of your transcripts with your application.** You will also want to request a copy of your transcripts for yourself and highlight the relevant courses to help determine your eligibility. Foreign transcripts must be formally evaluated by a WASC accredited college to be used as documentation for the Corps.
8. Attend an application assistance meeting to obtain a Course Worksheet and to have copies of your transcripts viewed and verified. Your Course Worksheet must be signed off by a Professional Growth Advisor.
9. You do not need to complete step 7 if you are using your Child Development Permit to determine your eligibility. You will be required to have a Professional Growth Advisor view your original Child Development Permit and sign a photocopy of it stating they have seen the original permit. If you have applied for a Child Development Permit in the last year but have not received the permit, you will be required to provide documentation from your County Office of Education.

Applications, transcripts (sealed, unopened originals) or Child Development Permits, and Course Worksheets must be completed, reviewed and signed by a Professional Growth Advisor and turned into the FIRST 5 CALAVERAS office by **5:00 P.M. Tuesday, April 15, 2003**. Original transcripts for classes you are currently enrolled in must be turned in to the FIRST 5 CALAVERAS office no later than **5:00 P.M. Friday, June 13, 2003**. Please call Larissa Collins at (209) 754-1470 with any application questions.

Please do not duplicate this application form. Contact the FIRST 5 CALAVERAS office if you need any additional applications.

Calaveras CARES Stipend Levels 2003

Level 1	
\$500	Assistant
Level 2	
\$750	Associate Teacher
\$1,000	Teacher
\$1,200	Master Teacher
\$1,500	Site Supervisor
Level 3	
\$2,000	Program Director

(Please refer to the **Child Development Permit Matrix** on the next page.)

Information About Stipends:

- Your current job title does **not** determine your CARES stipend level. The above job titles apply to corresponding levels of the Child Development Permit Matrix on the next page.
- Applicants who wish to qualify under the Alternative Qualifications of the Child Development Permit Matrix must submit the required documentation (please refer to the Child Development Permit Matrix).
- Stipends must be declared on your 2003 income tax returns. The FIRST 5 CALAVERAS will not take any taxes out of stipend checks.
- **All applicants who qualify and successfully complete the application process will receive a stipend!**

Please note:

**If the number of eligible applicants exceeds the program budget,
actual stipend amounts may vary based on the number of applicants and funding availability.**

Application Assistance Meetings

A series of two application assistance meetings will be held in two locations within Calaveras County. This is an opportunity for you to ask any questions you may have about this application, to learn essential information about the CARES program and to receive assistance and obtain your required sign off from a Professional Growth Advisor. It is important that you attend one of these meetings because these will be the only application assistance / orientation meetings for this year.

CalWorks – Sequoia Community Room (for second year applicants) 509 Saint Charles Place, San Andreas, CA	
Day	Hours
Monday, September 9, 2002	7:00 p.m. – 8:30 p.m.
Child Care Resources (for first-time applicants) 584 West Saint Charles Street, San Andreas, CA	
Day	Hours
Monday, October 21, 2002	7:00 p.m. – 8:30 p.m.

Child Development Permit Matrix - *with Alternative Qualification Options Indicated*

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited HERO program (including ROP); or Option 3: CCTC approved training.	Assist in the instruction of children under supervision of Associate Teacher or above.	105 hours of professional growth****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential; or Option 3: CCTC approved training.	May provide instruction and supervise Assistant.	Must complete 15 additional units toward a Teacher Permit . Must meet teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** <u>plus</u> 16 General Education (GE) units *	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE or related field with 3 units supervised field experience in ECE setting; or Option 3: CCTC approved training.	May provide instruction and supervise all above (including Aide).	105 hours of professional growth****
Master Teacher	Option 1: 24 units ECE/CD including core courses** <u>plus</u> 16 GE units* <u>plus</u> 6 specialization units <u>plus</u> 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 3: CCTC approved training.	May provide instruction and supervise all above (including Aide). May also serve as coordinator of curriculum and staff development.	105 hours of professional growth****
Site Supervisor	Option 1: AA (or 60 units) with 24 ECE/CD units including; <ul style="list-style-type: none"> • core courses** • 16 GE units • 6 administration units • 2 adult supervision units 	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 3: Admin. credential ***with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 4: Teaching credential with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 5: CCTC approved training.	May supervise single site program, provide instruction, and serve as coordinator of curriculum and staff development.	105 hours of professional growth****
Program Director	Option 1: BA with 24 ECE/CD units including; <ul style="list-style-type: none"> • core courses** • 16 GE units • 6 administration units • 2 adult supervision units 	Site supervisor status and one program year of site supervisor experience	Option 2: Admin. credential *** with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 3: Teaching credential with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting, <u>plus</u> 6 units administration; or Option 4: Master's Degree in ECE or Child/Human Development; or Option 5: CCTC approved training.	May supervise multiple-site program, provide instruction, and serve as coordinator of curriculum and staff development.	105 hours of professional growth****

*One course in each of four general education categories, which meet graduation requirements: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts

**Core courses include child/human growth & development; child/family/community or child and family relations; and programs/curriculum

***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.

****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call (209) 341-1662 for assistance in locating an advisor.

NOTE: All unit requirements must be semester units. All course work must be completed with a grade of C or better. Spanish & Chinese translations available. 5/30/01

This matrix was prepared by the Child Development Training Consortium, www.childdevelopment.org. Call (209) 572-6080 for a permit application.

**Calaveras
C.A.R.E.S.
Stipend
Application**

Checklist

Before you mail or deliver your application, please check each item on this list to ensure your application is complete. Incomplete applications will not be considered for a stipend.

- ☐ You have filled out the correct application that specifically states it is for a State-Subsidized Center.
- ☐ Pages i—iv have been removed and kept with your records.
- ☐ You have photocopied your completed application (pages 1-6) to keep with your records.
- ☐ Each question in the application (pages 3 and 4) has been answered.
- ☐ Your name is on page 3 and on page 4 of the application.
- ☐ If you are a State-Subsidized Staff person, your Director has signed and dated Section 3A on page 4.
- ☐ If you are a State-Subsidized Program Director, you have completed Section 3B on page 4.
- ☐ If you do not have a Child Development Permit, you have completed Section 3C on page 5.
- ☐ You have signed and dated the Application Sign Off and Release Form on page 6.
- ☐ You have included a sealed, unopened original copy of your transcripts or have requested that sealed, unopened original copies of your transcripts be sent to the FIRST 5 CALAVERAS office by **5:00 P.M. Friday, June 13, 2003**. If you are currently enrolled in a class to qualify you for a stipend level, you have requested a sealed, unopened original copy of your transcript to **RUSH** mail to the FIRST 5 CALAVERAS office so that it arrives by the June 13th deadline. You may also choose to pick up a sealed, unopened original copy of your transcripts in person and deliver them to the FIRST 5 CALAVERAS office before the June 13th transcript deadline.
- ☐ You have met with a Professional Growth Advisor and have filled out a Course Worksheet with him / her.
- ☐ Your Professional Growth Advisor has signed off on and dated the Course Worksheet.
- ☐ If you have a Child Development Permit, your Professional Growth Advisor has seen the original Permit, made a copy of the Permit and signed the copy, verifying its authenticity.
- ☐ Your mailed or delivered application package includes:
 - The application (pages 1-6)
 - The Course Worksheet (both pages)
 - Your transcripts (sealed, unopened originals)
 - A signed copy of your Child Development Permit (if you have one) or a signed copy of your application to apply for your Child Development Permit (if you have applied for one).

Mail or deliver your application by 5:00 P.M. Tuesday, April 15, 2003 to:

**FIRST 5 CALAVERAS
P.O. Box 209
314 East Saint Charles Street, Suite #3
San Andreas, CA 95249**

Calaveras CARES

Year 2003 Stipend Application

State-Subsidized Extended Day Center Staff & Program Directors

Section 1 - Applicant Information

Last Name		First Name		Middle Initial	Social Security #	
Birth Last Name		Birth First Name		Birth M.I.		
Date of Birth (month / day / year)		Place of Birth (state or country)		Gender <input type="checkbox"/> F <input type="checkbox"/> M	Mother's First Name	
Home (mailing) Address			Apartment	City		State Zip Code
Work (physical) Address			Suite	City		State Zip Code
Home Phone		Work Phone		Home Email Address		Work Email Address
Please answer both questions. This information is being collected for statistical purposes only. Categories are in compliance with the 2000 U.S. Census. Are you Spanish / Hispanic / Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other: _____				How do you identify your race / ethnicity? (You may choose up to three categories) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian: _____ <input type="checkbox"/> Other Pacific Islander: _____ <input type="checkbox"/> Other Race: _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White, Caucasian		
Are there any languages (including any Sign Languages) other than English that you speak fluently? What languages do you speak fluently?						
Please indicate your highest level of education (This information is for statistical purposes only and will not affect whether you qualify for a stipend). <input type="checkbox"/> Some High School - No GED <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some College Courses <input type="checkbox"/> Two Year College Degree Completed <input type="checkbox"/> Four Year College Degree Completed <input type="checkbox"/> Some Graduate Degree Courses <input type="checkbox"/> Graduate Degree Completed				Describe your work place (check all that apply): <input type="checkbox"/> Center Based Infant - Toddler <input type="checkbox"/> Center Based Preschool <input type="checkbox"/> CDE State Funded Child Care Program <input type="checkbox"/> Other: _____		
What year did you formally begin working in the Early Child Care and Education field? _____				Have you worked continuously in the Early Child Care and Education field since the year you indicated? <input type="checkbox"/> yes <input type="checkbox"/> no		
In the past year, have you provided services to children with disabilities and other special needs as described below? Children with disabilities and other special needs is used to refer to those children who are age birth - 18 and: 1. Have an IEP (an Individual Education Plan); OR 2. Have an IFSP (and Individualized Family Service Plan); OR 3. Children whose behavior, development, and / or health affect their family's ability to find and maintain child care services. <input type="checkbox"/> Yes <input type="checkbox"/> No						

Name of Applicant: _____

Section 2 - Applicant Work Information

Program Director Last Name	Program Director First Name	Program Director Phone Number
Child care program for which you work: (please list official name which appears on program's license)		
Your official job title at work:		
Does the site you work at receive funding from any of the following agencies (mark all that apply)? <input type="checkbox"/> Child Development Division Contract <input type="checkbox"/> Head Start / Early Head Start <input type="checkbox"/> Other: _____		
Dates of employment: From ____ / ____ / ____ To ____ / ____ / ____ Or <input type="checkbox"/> I am currently employed at this site (at current agency or site) Month Day Year Month Day Year Hours worked weekly: _____		
Ages of children you work with (check all that apply): <input type="checkbox"/> birth to 23 months <input type="checkbox"/> 2 years to 2 years, 11 months <input type="checkbox"/> 3 years to 5 years <input type="checkbox"/> school ages (K-6)		
Your gross annual salary is (exclusive of benefits / before taxes): \$ _____/year (for statistical purposes only)		
Your hourly wage (exclusive of benefits): \$ _____/hour (for statistical purposes only)		

Benefits Information: Please indicate any benefits offered to be paid by your employer (for statistical purposes only)

Medical Coverage: <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage <input type="checkbox"/> Dependants included <input type="checkbox"/> Dependants not included	Dental Coverage: <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage <input type="checkbox"/> Dependants included <input type="checkbox"/> Dependants not included	Child Care Benefits: <input type="checkbox"/> Not offered <input type="checkbox"/> Free child care <input type="checkbox"/> Discounted 25% <input type="checkbox"/> Discounted 50% <input type="checkbox"/> Discounted ____%	Other Benefits: <input type="checkbox"/> Vision plan <input type="checkbox"/> Retirement plan <input type="checkbox"/> Other plans: _____
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Section 3A - Director Verification

I certify that the information listed above is correct. I also certify that the above employee is currently working and has worked for a minimum of 15 hours a week and for a minimum of 9 full months between July 1, 2002 and June 15, 2003 and to the best of my knowledge, meets the requirements for participation in the Calaveras County Child Development Corps. I understand that the incentive he / she receives is in addition to his / her annual salary and I certify that current salary and salary advancement will not be negatively affected by the incentive.

Signature of Director

Date

Please check the grants your program receives: (for statistical purposes only)

☐ CDD Contract ☐ Head Start / Early Head Start ☐ Other: _____

Section 3B - Director Applicants (To be completed if the Director is the applicant)

Directors who are applicants must provide documentation that they have currently directed the same child care program in Calaveras County at least 15 hours per week for at least 9 full months from July 1, 2002 to June 15, 2003. If the program is licensed, a copy of the current license must be included in the documentation. In addition, Director applicants must provide one of the following (Note: Letter must be on letterhead and contain the information requested in **Section 2**):

- ☐ Superintendent of School's statement (public-agency)
- ☐ Executive Director's statement (non-profit)
- ☐ Board of Director's statement (non-profit)
- ☐ 2002 Tax statement (owner-operator)
- ☐ Notarized Owner's statement (for-profit)

Please check all the types of funding your program receives:
(for statistical purposes only)

☐ CDD Contract ☐ Head Start / Early Head Start ☐ Other: _____

Section 3C – Verification of Experience (To be completed if you do not have a Child Development Permit)

- **If experience is a requirement for your stipend level**, please have the experience verified by your current and / or previous employer using this form. You only need to verify experience that is appropriate for your stipend level (check one). The experience requirements for each level are indicated.
 - ☐ Assistant – None
 - ☐ Associate Teacher – 50 days of 3 + hours per day within 2 years
 - ☐ Teacher – 175 days of 3 + hours per day within 4 years
 - ☐ Master Teacher – 350 days of 3 + hours per day within 4 years
 - ☐ Site Supervisor – 350 days of 3 + hours per day within 4 years including at least 100 days of supervising adults
 - ☐ Program Director – Site supervisor status and one program year of site supervisor experience
- **If you have served in more than one position for a single employer**, have a separate form completed for each position that you held.
- **Do not have an employer mail this form directly to the FIRST 5 CALAVERAS office, separate from the application.** The FIRST 5 CALAVERAS office can not match pieces of an application that arrive separately. *Thank you.*

This is to verify/certify that:	_____
	(Name of applicant)
has served satisfactorily from:	_____
	(Month and Year)
to:	_____
	(Month and Year)
in the position of: (Please state job title)	_____
with the following age group(s):	_____
in the following capacity:	<input type="checkbox"/> Full-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Part-time # Hours/Day _____, # Days/Week _____ <input type="checkbox"/> Day-to-Day Substitute Total days worked _____
Documentation of supervising Experience for the Site Supervisor Permit: (minimum 100 days)	_____ _____ _____
Employer:	School/Agency: _____ _____ Address: _____ City: _____ Zip: _____ Phone: _____
Verified by:	Signature: _____ Name (please print): _____ Title: _____ Date: _____

This application should also include a two page **Course Worksheet** that you must obtain from a Professional Growth Advisor. You are responsible for calling a Professional Growth Advisor who will work with you on your **Course Worksheet**.

Application Sign Off

I have carefully reviewed all portions of this application. By signing below, I certify that all information I have provided in the application is valid and true to the best of my knowledge.

Signature

Date

Release Form

Dear Applicant:

We are working with UC Berkeley to evaluate our program in order to continue improving the services we offer and to advocate for future funding. All stipend recipients will be asked to provide information for the evaluation of this program, including data on this application form. Some stipend recipients will be randomly drawn to receive a phone call inviting them to participate in a phone interview. If they choose to participate, they will be reimbursed for their time. If you do NOT want to participate in the evaluation, please check the box below. Only check the box below if you do NOT want to participate.

☐ I do NOT want to participate in the evaluation.

Name (please print)

Phone Number

Signature

Date